

CON Application Number
Facility Number
Mobile Route #
Host Site Service ID#
Date Submitted

APPLICATION FOR CERTIFICATE OF NEED CHANGE IN MOBILE HOST SITE

Michigan Department of Health & Human Services CERTIFICATE OF NEED

South Grand Building
333 S. Grand Avenue, 4th Floor
Lansing, Michigan 48933
Phone: (517) 241-3344 Fax: (517) 241-2962

AUTHORITY: PA 368 of 1978, as amended COMPLETION: Is voluntary, but is required to obtain a Certificate of Need. If not completed, a Certificate of Need will not be issued.	The Department of Health & Human Services is an equal opportunity employer, services and programs provider.
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Identify type of mobile service: CON MRI ☐ PET ☐ CT ☐ Lithotripsy

1. Central Service Coordinator Name			
2. Host Site Name <i>(Must be exactly the same as Item 1 on Letter of Intent.)</i>			County
3. Host Site Address <i>(Street & Number or P.O. Box)</i>	City	State	ZIP Code

4. Indicate the mobile route(s) from which the host site has received service within the most recent 12-month period: Route #(s) _____.

Note: If no data has been reported, then this application cannot be processed. Host site must have received mobile service(s) within the most recent 12-month period. The service(s) from which the host site received mobile service must be operational as substantiated by Department records.

Indicate below the proposed change(s) to a mobile route:

5. ADD A HOST SITE: Add the above host site to mobile Route # _____.
6. DELETE A HOST SITE: Delete the above host site from mobile Route # _____.
7. Indicate the anticipated effective date of the proposed change(s): _____.
(Effective date must be on or after CON approval)

CERTIFICATIONS

I certify that the identified mobile route currently provides mobile services. I further certify that the proposed change(s) in mobile host site(s) is in compliance with the requirements of the applicable Certificate of Need Review Standards and the following statements:

1. The host site receives the identified mobile service from an existing mobile unit pursuant to a valid Certificate of Need.
2. The addition of a host site to the identified mobile route will not increase the number of units operated by the central service coordinator.
3. The Department has been notified of all host sites provided services by the identified mobile route.
4. A certification has been submitted whereby the host site for the mobile route has agreed and assured that it will provide mobile services in accordance with the terms for approval set forth in the Project Delivery Requirements of the applicable CON Review Standards.
5. A certification has been submitted whereby the central service coordinator for the mobile route has agreed and assured that it will provide mobile services in accordance with the terms for approval set forth in the Project Delivery Requirements of the applicable CON Review Standards. The central service coordinator also agrees to assure compliance with the requirements of these standards by a host site for the mobile route as a condition of any contract with a host site and as a condition of the certificate of need issued to the central service coordinator.

CERTIFICATION ACCEPTANCE

Host Site:

Name & Title of Authorized Representative (printed)	
Signature of Authorized Representative	Date Signed

Central Service Coordinator:

Name & Title of Authorized Representative (printed)	
Signature of Authorized Representative	Date Signed

CERTIFICATE OF APPOINTMENT FOR AUTHORIZED AGENT

Central Service Coordinator Name			
Host Site Name			County
Host Site Street Address <i>(Street & Number or P.O. Box)</i>	City	State	ZIP Code

Notice is hereby given to the Michigan Department of Health & Human Services that

[Legal name of applicant entity for Host Site]

has appointed and authorized the following person to act on behalf of the applicant entity.

Agent Name		Title	
Name of Agent's Organization			
Street Address <i>(Street & Number or P.O. Box)</i>	City	State	ZIP Code
Agent's Telephone Number	Extension	Agent's Fax Number	Extension
Agent's E-Mail Address			

The above named agent is the authorized representative for Certificate of Need Number

(Certificate of Need Number)

The above named agent is authorized to do the following:

- A. submit this Certificate of Need application and make amendments thereto,
- B. provide the Department with all information necessary for a determination with respect to this Certificate of Need application,
- C. enter into agreements with the Department in connection with this Certificate of Need, and
- D. receive notice and service of process in matters relating to this Certificate of Need.

This appointment will remain in effect for this application until written notice of termination is sent to the Michigan Department of Health & Human Services that references the specific CON application number. The termination notice must identify a new authorized agent.

Typed Name	Signature of Individual Legally Authorized to Appoint Agent
Title	